

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

**NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)**

APPLICATION NUMBER: 09842963

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee
	Sm./Lg.			Sm. Entity	Lg. Entity
Basic Filing Fee	<u>201/101</u>			<u>355</u>	
Total Claims >20	<u>203/103</u>	<u>23</u>	-20 = <u>3</u>	<u>x 9</u>	<u>27</u>
Independent Claims >3	<u>202/102</u>	<u>4</u>	-3 = <u>1</u>	<u>x 40</u>	<u>40</u>
Mult. Dep Claim Present	<u>204/104</u>				
Surcharge	<u>205/105</u>				
English Translation	<u>139</u>				

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 429.00

Less Filing Fees Submitted - \$ 382.00

BALANCE DUE - \$ 40.00

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	22	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	23 minus 20=*	3
INDEPENDENT CLAIMS	Y minus 3 =*	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY
OR

RATE	Fee
BASIC FEE	355.00
X\$ 9=	27
X40=	40
+135=	
TOTAL	422

RATE	Fee
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.